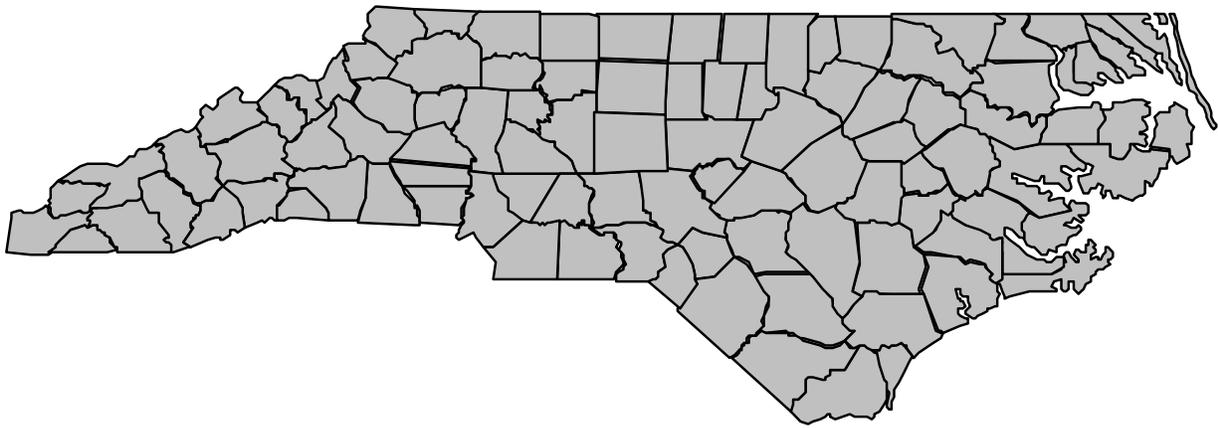


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2012 Performance Contract
With Local Management Entities
Report/Data Submission Requirements**

**First Quarter Report
July 1, 2011 - September 30, 2011**



Prepared by

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North Carolina Department of Health and Human Services

November 2011



SFY 2012 Performance Contract
 Report/Data Submission Requirements
 First Quarter Report
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Introduction

This is the **First Quarter Report** for SFY 2011-2012 under the Performance Contract between the LMEs and NC DHHS.

This report tracks LME performance (timeliness, completeness, accuracy) in submitting required data/reports to the Division of MH/DD/SAS. Some requirements are quarterly while others are semi-annual or annual requirements. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, provide the performance requirements, and show LME performance for the current quarter. Data submission/report requirements that have been met are depicted with a star (★) in the standard met column for each report. If the requirement was not met, this column will be blank, and the element that caused the standard not to be met will be shaded red.

Overall, the LMEs met 99% of the four report submission requirements and 89% of the nine submission/report requirements measured this quarter. PBH is the only LME that does not report data in the NC-SNAP but through a special waiver.

Questions or Concerns

If staff of an LME have questions about any of the individual requirements or believe that information contained in this report is in error, they should contact their LME liaison within 30 days of the report date. The LME liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

SFY 2012 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement	1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1. Incident Reporting	X	X	X	X
2. Quarterly Fiscal Monitoring Reports	X	X	X	X
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
4. Work First Initiative Quarterly Reports	X	X	X	X
5. System of Care Report		X		X
6. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
7. Client Data Warehouse (CDW) - Admissions	X	X	X	X
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	X	X	X	X
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	X	X	X	X
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
12. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	X	X	X	X
14. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
15. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
16. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
17. SAPTBG Compliance Report		X		X
18. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				X

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, unless otherwise specified, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

SFY 2012 Performance Contract Report/Data Submission Requirements
First Quarter Report
 July 1, 2011 - September 30, 2011

Report Submission Measures

Data Submission Measures

LME	Report Submission Measures									
	Number of Report Submission Measures Met	Total Number of Report Submission Measures *	Percent of Report Submission Measures Met	1. Quarterly Incident Report	2. Quarterly Fiscal Monitoring Report (Prior Quarter)	3. SAJJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	17. SAPTBG Compliance Semi-Annual Report	18. National Core Indicators Consents, Pre-Surveys, and Mail Surveys
Alamance-Caswell	4	4	100%	★	★	★				
Beacon Center	4	4	100%	★	★	★				
CenterPoint	4	4	100%	★	★	★				
Crossroads	4	4	100%	★	★	★				
Cumberland	4	4	100%	★	★	★				
Durham	4	4	100%	★	★	★				
East Carolina Behavioral Health	4	4	100%	★	★	★				
Eastpointe	4	4	100%	★	★	★				
Five County	4	4	100%	★	★	★				
Guilford	4	4	100%	★	★	★				
Johnston	3	3	100%	★	N/A	★				
Mecklenburg	3	4	75%	★		★				
Mental Health Partners	3	3	100%	★	N/A	★				
Onslow-Carteret	4	4	100%	★	★	★				
Orange-Person-Chatham	4	4	100%	★	★	★				
Pathways	3	3	100%	★	N/A	★				
PBH	4	4	100%	★	★	★				
Sandhills Center	4	4	100%	★	★	★				
Smoky Mountain	4	4	100%	★	★	★				
Southeastern Center	4	4	100%	★	★	★				
Southeastern Regional	4	4	100%	★	★	★				
Wake	4	4	100%	★	★	★				
Western Highlands	4	4	100%	★	★	★				
STATEWIDE - Number			99%	0	23	19	23	0	0	0
STATEWIDE - Percent			0.0%	100.0%	95.0%	100.0%	0.0%	0.0%	0.0%	

LME	Data Submission Measures											
	Number of Data Submission Measures Met	Percent of 9 Measures Met	6. CDW - Screening Record	8. CDW - ICD-9 Diagnosis	9. CDW - Unknown Data (Admissions)	10. CDW - Unknown Data (Discharges)	11. CDW - Identifying and Demographic Records	12. CDW - Drug of Choice	13. CDW - Episode Completion Records (SA Clients)	14. NC TOPPS - Initial	15. NC TOPPS - Update	16. NC-SNAP
Alamance-Caswell	8	89%	★	★	★	★	★	★	★			★
Beacon Center	8	89%	★	★	★	★	★	★	★			★
CenterPoint	9	100%	★	★	★	★	★	★	★	★	★	★
Crossroads	8	89%	★	★	★	★	★	★	★			★
Cumberland	8	89%	★	★	★	★	★	★	★			★
Durham	9	100%	★	★	★	★	★	★	★	★	★	★
East Carolina Behavioral Health	7	78%	★	★	★	★	★				★	★
Eastpointe	8	89%	★	★	★	★	★	★	★			★
Five County	8	89%	★	★	★	★	★	★	★			★
Guilford	8	89%	★	★	★	★	★	★	★			★
Johnston	8	89%	★	★	★	★	★	★	★			★
Mecklenburg	8	89%	★	★	★	★	★	★	★			★
Mental Health Partners	8	89%	★	★	★	★	★	★	★			★
Onslow-Carteret	8	89%	★	★	★	★	★	★	★			★
Orange-Person-Chatham	9	100%	★	★	★	★	★	★	★	★	★	★
Pathways	8	89%	★	★	★	★	★	★	★			★
PBH	7	88%	★	★	★	★	★	★	★			N/A
Sandhills Center	8	89%	★	★	★	★	★	★	★			★
Smoky Mountain	8	89%	★	★	★	★	★	★	★			★
Southeastern Center	9	100%	★	★	★	★	★	★	★	★	★	★
Southeastern Regional	8	89%	★	★	★	★	★	★	★			★
Wake	6	67%	★	★	★	★	★					★
Western Highlands	8	89%	★	★	★	★	★	★	★			★
STATEWIDE - Number		89%	23	23	23	23	23	21	21	0	5	22
STATEWIDE - Percent		100.0%	100.0%	100.0%	100.0%	100.0%	91.3%	91.3%	0.0%	21.7%	100.0%	

* This column shows the total number of **report submission** measures that apply this quarter. Some reports are due quarterly, one is due semi-annually, and several are due annually.

★ Indicates the LME met the performance standard for the measure.

% Percents that are highlighted green indicate the LME met the performance standards for at least 65% of the measures in the respective category (e.g. report submission and/or data submission). Meeting the performance standards for at least 65% of the measures is one of the factors considered in LME monitoring decisions and single stream funding eligibility.

SFY 2012 Performance Contract Data/Report Submission Requirements
 First Quarter Report
 July 1, 2011 - September 30, 2011

1. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

SFY 2012 Standard: Each report shows clear evidence of an effective process containing all 5 elements (1-5 above).

Local Management Entity	1st Qtr Report Due 10/20/11		Standard Met ²
	Date Received ¹	Elements Included	
Alamance-Caswell			
Beacon Center			
CenterPoint			
Crossroads			
Cumberland			
Durham			
East Carolina Behavioral Health			
Eastpointe		Report is Under Revision	
Five County			
Guilford			
Johnston			
Mecklenburg			
Mental Health Partners			
Onslow-Carteret			
Orange-Person-Chatham			
Pathways			
PBH			
Sandhills Center			
Smoky Mountain			
Southeastern Center			
Southeastern Regional			
Wake			
Western Highlands			

Number and Percent of LMEs that met the SFY 2012 Standard: 0 (0%)

Notes:

1. Cells that are shaded red indicate reports that are not received by the due date or do not meet requirements. Date received does not affect whether the performance standard is met.
2. ★ = Met the Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
 First Quarter Report
 July 1, 2011 - September 30, 2011

2. Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required fiscal monitoring reports in acceptable format by the following due dates:
 • First quarter report = Oct 20. • Second quarter report = Feb 20. • Third quarter report = Apr 20. • Fourth quarter report = Aug 31.

SFY 2012 Standard: Reports are accurate, complete, and received by the due date.

Local Management Entity	4th Qtr Report Due 8/31/11			1st Qtr Report Due 10/20/11		
	Date Received ¹	Accurate, Complete	Standard Met ²	Date Received ¹	Accurate, Complete	Standard Met ²
Alamance-Caswell-Rockingham	8/31/11	Yes	★	10/20/11	Yes	★
Beacon Center	8/18/11	Yes	★	10/11/11	Yes	★
CenterPoint	8/24/11	Yes	★	10/19/11	Yes	★
Crossroads	8/12/11	Yes	★	10/17/11	Yes	★
Cumberland	8/29/11	Yes	★	10/17/11	Yes	★
Durham	8/15/11	Yes	★	10/4/11	Yes	★
East Carolina Behavioral Health	8/19/11	Yes	★	10/20/11	Yes	★
Eastpointe	8/31/11	Yes	★	10/20/11	Yes	★
Five County	8/31/11	Yes	★	10/11/11	Yes	★
Guilford	8/23/11	Yes	★	10/20/11	Yes	★
Johnston	8/31/11	Yes	★	10/20/11	Yes	★
Mecklenburg	7/20/11	Yes	★	10/20/11	Yes	★
Mental Health Partners	8/31/11	Yes	★	10/20/11	Yes	★
Onslow-Carteret	8/31/11	Yes	★	10/20/11	Yes	★
Orange-Person-Chatham	8/31/11	Yes	★	10/20/11	Yes	★
Pathways	8/30/11	Yes	★	10/18/11	Yes	★
PBH	8/31/11	Yes	★	10/20/11	Yes	★
Sandhills Center	8/11/11	Yes	★	10/18/11	Yes	★
Smoky Mountain	8/31/11	Yes	★	10/20/11	Yes	★
Southeastern Center	8/31/11	Yes	★	10/20/11	Yes	★
Southeastern Regional	8/24/11	Yes	★	10/20/11	Yes	★
Wake	8/19/11	Yes	★	10/20/11	Yes	★
Western Highlands	8/29/11	Yes	★	10/20/11	Yes	★

Number and Percent of LMEs that met the Performance Standard: 23 (100%) 23 (100%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.
2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
 First Quarter Report
 July 1, 2011 - September 30, 2011

3. Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2012 Standard: Reports are accurate, complete, and are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report Due 10/20/11						
	Juvenile Detention		JJSAMH Partnership		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell			10/7/11	Yes			★
Beacon Center			10/10/11	Yes			★
CenterPoint	10/7/11	Yes	10/7/11	Yes			★
Crossroads			10/7/11	Yes			★
Cumberland	10/5/11	Yes	10/5/11	Yes			★
Durham	10/10/11	Yes	10/10/11	Yes			★
East Carolina Behavioral Health	10/10/11	Yes	10/11/11	Yes	10/10/11	Yes	★
Eastpointe			10/10/11	Yes	10/10/11	Yes	★
Five County			10/17/11	Yes			★
Guilford	10/10/11	Yes	10/10/11	Yes			★
Mecklenburg	No	No					
Onslow-Carteret			10/7/11	Yes			★
Orange-Person-Chatham			10/4/11	Yes			★
PBH			10/10/11	Yes			★
Sandhills Center	10/6/11	Yes	10/6/11	Yes			★
Smoky Mountain	10/6/11	Yes			10/6/11	Yes	★
Southeastern Center	10/6/11	Yes	10/6/11	Yes			★
Southeastern Regional			10/4/11	Yes	10/4/11	Yes	★
Wake	10/12/11	Yes	10/12/11	Yes			★
Western Highlands	10/6/11	Yes	10/6/11	Yes			★
Mental Health Partners							
Pathways							
Johnston							

These LMEs do not have a SA/JJ Initiative.

Number of Percent of LMEs that Met the SFY2012 Standard:

19 (95%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red.
2. **Italicized** dates with yellow shading were received within 10 days after the due date.
3. ★ = Met the Performance Contract Standard.
3. Mecklenburg using funds for Drug Court.

SFY 2012 Performance Contract Data/Report Submission Requirements
 First Quarter Report
 July 1, 2011 - September 30, 2011

4. Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2012 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

Local Management Entity	1st Qtr Report Due 10/20/11		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alamance-Caswell	10/19/2011	Yes	★
Beacon Center	10/14/2011	Yes	★
CenterPoint	10/18/2011	Yes	★
Crossroads	10/12/2011	Yes	★
Cumberland	10/17/2011	Yes	★
Durham	10/19/2011	Yes	★
East Carolina Behavioral Health	10/20/2011	Yes	★
Eastpointe	10/14/2011	Yes	★
Five County	10/18/2011	Yes	★
Guilford	10/18/2011	Yes	★
Johnston	10/13/2011	Yes	★
Mecklenburg	10/20/2011	Yes	★
Mental Health Partners	10/17/2011	Yes	★
Onslow-Carteret	10/18/2011	Yes	★
Orange-Person-Chatham	10/17/2011	Yes	★
Pathways	10/19/2011	Yes	★
PBH	10/12/2011	Yes	★
Sandhills Center	10/12/2011	Yes	★
Smoky Mountain	10/19/2011	Yes	★
Southeastern Center	10/18/2011	Yes	★
Southeastern Regional	10/10/2011	Yes	★
Wake	10/19/2011	Yes	★
Western Highlands	10/20/2011	Yes	★

Number and Percent of LMEs that met the SFY 2012 Standard: 23 (100%)

Notes:

1. Dates that are shaded red indicate reports received >10 days after the due date.
- Dates with yellow shading are within 10 days after the due date.
2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
 First Quarter Report
 July 1, 2011 - September 30, 2011

**6. Client Data Warehouse (CDW)
 Screening Records**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LME's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of consumers screened by the LME's Access Unit during the prior quarter (April 1, 2011 - June 30, 2011) with a cross-reference to the CNDS completed within 30 days of initial contact.

SFY 2012 Standard: 90% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

Local Management Entity	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross-reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	726	7	719	99%	★
Beacon Center	1,391	7	1,384	99%	★
CenterPoint	3,118	3	3,115	100%	★
Crossroads	1,796	2	1,794	100%	★
Cumberland	1,336	0	1,336	100%	★
Durham	1,344	0	1,344	100%	★
East Carolina Behavioral Health	1,476	71	1,405	95%	★
Eastpointe	1,701	21	1,680	99%	★
Five County	523	0	523	100%	★
Guilford	2,400	0	2,400	100%	★
Johnston	293	0	293	100%	★
Mecklenburg	1,097	0	1,097	100%	★
Mental Health Partners	1,154	4	1,150	100%	★
Onslow-Carteret	556	17	539	97%	★
Orange-Person-Chatham	317	7	310	98%	★
Pathways	1,087	2	1,085	100%	★
PBH	22	0	22	100%	★
Sandhills Center	522	0	522	100%	★
Smoky Mountain	2,477	0	2,477	100%	★
Southeastern Center	2,098	5	2,093	100%	★
Southeastern Regional	1,769	0	1,769	100%	★
Wake	2,505	1	2,504	100%	★
Western Highlands	3,119	0	3,119	100%	★
TOTAL					

Number and Percent of LMEs that met the SFY 2012 Performance Standard:

23 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★= Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
 First Quarter Report
 July 1, 2011 - September 30, 2011

**7. Client Data Warehouse (CDW)
 Admissions**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of October 31, 2011.

Local Management Entity	Facility Code	JUL	AUG	SEP	First Quarter Adm SFY2012	First Quarter Adm SFY2011	Monthly Average SFY2012	Monthly Average SFY2011
Alamance-Caswell	23051	209	205	na	414	566	138	189
Beacon Center	43051	234	191	146	571	507	190	169
CenterPoint	23021	422	374	344	1,140	1,475	380	492
CrossRoads	23011	228	241	202	671	582	224	194
Cumberland	33051	272	287	251	810	722	270	241
Durham	23071	259	276	270	805	767	268	256
East Carolina Behavioral Health	43071	542	531	143	1,216	1,659	405	553
Eastpointe	43081	255	296	290	841	15	280	5
Five County	23081	158	279	123	560	537	187	179
Guilford	23041	354	416	304	1,074	1,055	358	352
Johnston	33071	161	190	156	507	356	169	119
Mecklenburg	13101	338	342	253	933	1,048	311	349
Mental Health Partners	13091	294	344	255	893	518	298	173
Onslow-Carteret	43021	8	7	3	18	48	6	16
Orange-Person-Chatham	23061	362	313	144	819	259	273	86
Pathways	13081	368	466	283	1,117	849	372	283
PBH	13121	1,333	1,347	1,160	3,840	290	1,280	97
Sandhills	33031	378	450	237	1,065	1,561	355	520
Smoky Mountain	13010	476	495	424	1,395	1,555	465	518
Southeastern Center	43011	366	387	290	1,043	851	348	284
Southeastern Regional	33040	297	276	221	794	667	265	222
Wake	33081	396	419	343	1,158	404	386	135
Western Highlands	13131	865	1,004	848	2,717	2,475	906	825
TOTAL ADMISSIONS		8,575	9,136	6,690	24,401	18,766	8,134	6,255

Data that are shaded are incomplete or appear to be inaccurate.

SFY 2012 Performance Contract Data/Report Submission Requirements
 First Quarter Report
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**8. Client Data Warehouse (CDW)
 Diagnosis Records**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (April 1, 2011 - June 30, 2011) with a diagnosis completed within 30 days of beginning date of service.

SFY 2012 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Admissions	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	674	0	674	100%	★
Beacon Center	686	8	678	99%	★
CenterPoint	1,690	0	1,690	100%	★
Crossroads	577	4	573	99%	★
Cumberland	817	0	817	100%	★
Durham	717	0	717	100%	★
East Carolina Behavioral Health	1,804	28	1,776	98%	★
Eastpointe	867	9	858	99%	★
Five County	726	8	718	99%	★
Guilford	1,311	20	1,291	98%	★
Johnston	474	1	473	100%	★
Mecklenburg	1,343	4	1,339	100%	★
Mental Health Partners	839	18	821	98%	★
Onslow-Carteret	122	6	116	95%	★
Orange-Person-Chatham	665	10	655	98%	★
Pathways	1,114	4	1,110	100%	★
PBH	3,813	30	3,783	99%	★
Sandhills Center	1,632	29	1,603	98%	★
Smoky Mountain	1,798	0	1,798	100%	★
Southeastern Center	1,145	30	1,115	97%	★
Southeastern Regional	939	0	939	100%	★
Wake	1,427	6	1,421	100%	★
Western Highlands	2,499	3	2,496	100%	★
TOTAL	27,679	218	27,461	99%	★

Number and Percent of LMEs that met the SFY 2012 Standard:

23 (100%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
 First Quarter Report
 July 1, 2011 - September 30, 2011

**9. Client Data Warehouse (CDW)
 "Unknown" Value In Mandatory Fields (Admissions)**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (April 1, 2011 - June 30, 2011) where all mandatory data fields contain a value other than 'unknown'.

SFY 2012 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Family Income	Family Size	Arrests 30 Days	Attention Self Help	Standard Met ²
Alamance-Caswell	674	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Beacon Center	686	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,690	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	577	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	817	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	★
Durham	717	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,804	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	867	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	726	100%	99%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	★
Guilford	1,311	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Johnston	474	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	1,343	100%	100%	100%	100%	100%	100%	99%	97%	100%	100%	100%	100%	★
Mental Health Partners	839	100%	98%	98%	100%	99%	100%	92%	100%	100%	100%	100%	100%	★
Onslow-Carteret	122	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	665	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	★
Pathways	1,114	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
PBH	3,813	100%	100%	100%	100%	96%	100%	97%	100%	100%	100%	100%	100%	★
Sandhills Center	1,632	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,798	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	1,145	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	939	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,427	100%	100%	100%	100%	98%	100%	97%	100%	100%	100%	100%	100%	★
Western Highlands	2,499	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	27,679	100%	100%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	★

Number and Percent of LMEs that met the SFY 2012 Standard:

23 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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**10. Client Data Warehouse (CDW)
 "Unknown" Value In Mandatory Fields (Discharges)**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients discharged during the prior quarter (April 1, 2011 - June 30, 2011) where all mandatory data fields contain a value other than 'unknown'.

SFY 2012 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Discharge Records	Discharge Reason	Referral To	Living Arrangement	Employment Status	Arrests Prior 30 Days	Attention Self Help	Standard Met ²
Alamance-Caswell	1,252	100%	100%	100%	100%	100%	100%	★
Beacon Center	284	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,128	100%	100%	100%	100%	100%	100%	★
Crossroads	275	100%	100%	100%	100%	100%	100%	★
Cumberland	1,712	100%	96%	100%	100%	100%	100%	★
Durham	1,644	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	623	100%	100%	100%	100%	100%	100%	★
Eastpointe	38,908	100%	100%	100%	100%	100%	100%	★
Five County	1,011	100%	100%	100%	100%	100%	100%	★
Guilford	1,768	100%	100%	100%	100%	100%	100%	★
Johnston	696	100%	100%	100%	100%	100%	100%	★
Mecklenburg	9,992	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	940	100%	100%	100%	100%	100%	100%	★
Onslow-Carteret	270	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	532	100%	100%	100%	100%	100%	100%	★
Pathways	874	100%	100%	100%	100%	100%	100%	★
PBH	4,395	100%	100%	100%	100%	100%	100%	★
Sandhills Center	818	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,247	99%	99%	100%	100%	100%	100%	★
Southeastern Center	696	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	325	100%	100%	100%	100%	100%	100%	★
Wake	211	100%	100%	100%	100%	100%	100%	★
Western Highlands	2,419	100%	100%	100%	100%	100%	100%	★
TOTAL	72,020	100%	100%	100%	100%	100%	100%	★

Number and Pct of LMEs that met the SFY 2012 Standard:

23 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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**11. Client Data Warehouse (CDW)
 Identifying and Demographic Records**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (April 1, 2011 - June 30, 2011) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2012 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	1,437	20	1,417	99%	★
Beacon Center	1,259	0	1,259	100%	★
CenterPoint	2,830	63	2,767	98%	★
Crossroads	1,034	39	995	96%	★
Cumberland	1,441	0	1,441	100%	★
Durham	1,837	8	1,829	100%	★
East Carolina Behavioral Health	3,991	170	3,821	96%	★
Eastpointe	2,143	36	2,107	98%	★
Five County	1,185	57	1,128	95%	★
Guilford	3,119	6	3,113	100%	★
Johnston	1,253	5	1,248	100%	★
Mecklenburg	2,505	17	2,488	99%	★
Mental Health Partners	2,203	139	2,064	94%	★
Onslow-Carteret	907	0	907	100%	★
Orange-Person-Chatham	1,178	107	1,071	91%	★
Pathways	2,177	6	2,171	100%	★
PBH	1,966	139	1,827	93%	★
Sandhills Center	2,491	25	2,466	99%	★
Smoky Mountain	4,521	151	4,370	97%	★
Southeastern Center	2,230	50	2,180	98%	★
Southeastern Regional	1,451	19	1,432	99%	★
Wake	3,907	122	3,785	97%	★
Western Highlands	4,007	13	3,994	100%	★
TOTAL	51,072	1,192	49,880	98%	★

Number and Percent of LMEs that met the SFY 2012 Standard:

23 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

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**12. Client Data Warehouse (CDW)
 Drug Of Choice Data**

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASCDR, ASCJO, ASCS, ASDSS, ASTNC, CSTNC, ASTER, ASWOM, CSCS, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (April 1, 2011 - June 30, 2011) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2012 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell	175	15	160	91%	★
Beacon Center	142	3	139	98%	★
CenterPoint	332	11	321	97%	★
Crossroads	81	2	79	98%	★
Cumberland	341	10	331	97%	★
Durham	127	11	116	91%	★
East Carolina Behavioral Health	589	347	242	41%	
Eastpointe	129	1	128	99%	★
Five County	110	0	110	100%	★
Guilford	274	1	273	100%	★
Johnston	36	0	36	100%	★
Mecklenburg	315	20	295	94%	★
Mental Health Partners	238	12	226	95%	★
Onslow-Carteret	32	0	32	100%	★
Orange-Person-Chatham	120	0	120	100%	★
Pathways	339	2	337	99%	★
PBH	366	6	360	98%	★
Sandhills Center	468	8	460	98%	★
Smoky Mountain	443	24	419	95%	★
Southeastern Center	248	6	242	98%	★
Southeastern Regional	155	16	139	90%	★
Wake	123	37	86	70%	
Western Highlands	506	19	487	96%	★
TOTAL	5,689	551	5,138	90%	★

Number and Pct of LMEs that met the SFY 2012 Standard:

21 (91.3%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

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**13. Client Data Warehouse (CDW)
 Episode Completion (Discharge) Record - Substance Abuse Clients**

Performance Requirement: LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service for at least 60 days. This report separately focuses on **SA clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of SA clients admitted since October 1, 2006, when this measure began, who during the prior quarter (April 1, 2011 - June 30, 2011) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2012 Standard: 90% of SA clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Local Management Entity	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> Appropriate Activity or an Episode Completion Record ³	Number <u>with</u> Appropriate Activity or an Episode Completion Record ⁴	Percent <u>with</u> Appropriate Activity or an Episode Completion Record	Standard Met ²
Alamance-Caswell	175	15	160	91%	★
Beacon Center	142	3	139	98%	★
CenterPoint	332	11	321	97%	★
Crossroads	81	2	79	98%	★
Cumberland	341	10	331	97%	★
Durham	127	11	116	91%	★
East Carolina Behavioral Health	589	347	242	41%	
Eastpointe	129	1	128	99%	★
Five County	110	0	110	100%	★
Guilford	274	1	273	100%	★
Johnston	36	0	36	100%	★
Mecklenburg	315	20	295	94%	★
Mental Health Partners	238	12	226	95%	★
Onslow-Carteret	32	0	32	100%	★
Orange-Person-Chatham	120	0	120	100%	★
Pathways	339	2	337	99%	★
PBH	366	6	360	98%	★
Sandhills Center	468	8	460	98%	★
Smoky Mountain	443	24	419	95%	★
Southeastern Center	248	6	242	98%	★
Southeastern Regional	155	16	139	90%	★
Wake	123	37	86	70%	
Western Highlands	506	19	487	96%	★
TOTAL	5,689	551	5,138	90%	★

Number and Pct of LMEs that met the SFY 2012 Standard:

21 (91.3%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
4. Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

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**14. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
 Initial Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2012 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell						
Beacon Center						
CenterPoint						
Crossroads						
Cumberland						
Durham						
East Carolina Behavioral Health						
Eastpointe						
Five County						
Guilford						
Johnston						
Mecklenburg						
Mental Health Partners						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
PBH						
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Wake						
Western Highlands						
Totals						

Report is under revision.

The timeliness criterion was not used to determine whether the performance standard was met this quarter.

Number and Percent of LMEs that met the SFY 2012 Standard:

0 (0%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. The expected and actual numbers of initial assessments this quarter are based on consumers whose claims were reimbursed through the IPRS system only.

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**15. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
 Update Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2012 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ²
		# of Update Assessments Received	% of Expected Assessments Received ¹	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell	224	193	86.2%	151	67.4%	
Beacon Center	412	406	98.5%	297	72.1%	
CenterPoint	1,055	1,052	99.7%	967	91.7%	★
Crossroads	318	318	100.0%	270	84.9%	
Cumberland	497	495	99.6%	436	87.7%	
Durham	577	576	99.8%	521	90.3%	★
East Carolina Behavioral Health	1,113	1,108	99.6%	1,028	92.4%	★
Eastpointe	766	758	99.0%	687	89.7%	
Five County	340	316	92.9%	255	75.0%	
Guilford	706	518	73.4%	249	35.3%	
Johnston	160	157	98.1%	116	72.5%	
Mecklenburg	1,546	1,491	96.4%	1,195	77.3%	
Mental Health Partners	384	382	99.5%	336	87.5%	
Onslow-Carteret	197	185	93.9%	176	89.3%	
Orange-Person-Chatham	180	180	100.0%	162	90.0%	★
Pathways	708	704	99.4%	603	85.2%	
PBH	747	746	99.9%	663	88.8%	
Sandhills Center	989	931	94.1%	678	68.6%	
Smoky Mountain	778	739	95.0%	553	71.1%	
Southeastern Center	577	577	100.0%	570	98.8%	★
Southeastern Regional	648	646	99.7%	502	77.5%	
Wake	786	772	98.2%	537	68.3%	
Western Highlands	882	742	84.1%	464	52.6%	
Totals	14,590	13,992	95.9%	11,416	78.2%	

Number and Percent of LMEs that met the SFY 2012 Standard:

5 (0.2%)

- Notes:
 1. Percentages less than 90% are shaded red.
 2. ★ = Met the Performance Contract Standard.

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16. NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

SFY 2012 Standard: 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell	459	415	90.4%	★
Beacon Center	803	803	100.0%	★
CenterPoint	1444	1444	100.0%	★
Crossroads	651	648	99.5%	★
Cumberland	725	725	100.0%	★
Durham	839	835	99.5%	★
East Carolina Behavioral Health	1828	1753	95.9%	★
Eastpointe	1056	1056	100.0%	★
Five County	583	577	99.0%	★
Guilford	1189	1189	100.0%	★
Johnston	361	360	99.7%	★
Mecklenburg	2077	2058	99.1%	★
Mental Health Partners	678	647	95.4%	★
Onslow-Carteret	430	423	98.4%	★
Orange-Person-Chatham	696	683	98.1%	★
Pathways	1584	1560	98.5%	★
PBH	LME submits data through special waiver not the NC-SNAP			
Sandhills Center	1100	1100	100.0%	★
Smoky Mountain	1390	1390	100.0%	★
Southeastern Center	1233	1233	100.0%	★
Southeastern Regional	920	920	100.0%	★
Wake	2178	1990	91.4%	★
Western Highlands	1884	1791	95.1%	★
Totals	24,108	23,600	97.9%	★

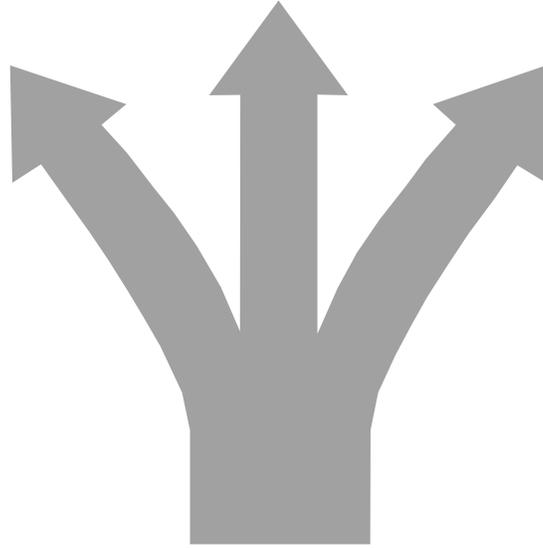
Number and Percent of LMEs that met the SFY 2012 Standard:

22 (100%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.



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